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ABSTRACT

This report describes the methods and instruments used by the New York City Infant Day Care Study to measure: (1) the functional status of infant day care families over time and (2) the relationship of those families to existing infant day care programs and to their communities. Background information on the development and theoretical basis of the project are discussed briefly. Longitudinal data on infant day care families were collected through interviews using two parallel forms of the Profile of Family Functioning (one for two-parent families and another for single parents), administered three times during program participation (at program entry, three months later, and at program termination). (ED)

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A DESCRIPTION OF THE NEW YORK CITY INFANT DAY CARE STUDY:
INFANT DAY CARE FAMILY RESEARCH

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The Family Development research unit was conceived, from the outset, as an integral part of the total study, because it is actually the families who are the major recipients of infant care program services.

Most of the programs were established to facilitate parental employment or educational goals. Filling that need has an obvious, direct effect on the families; and also affects their children, over and above the daily care they receive, because it alters the dynamics of the family situation. While planning the study, several important factors bearing on the relationship between infant care families and the programs were brought to our attention: for geographic, economic, and political reasons different programs serve different cultural and age groups. For example, two programs were established for adolescent parents; others serve predominantly American Black, Hispanic, Haitian, or white families. Moreover, there seemed to be variations within and between program types in the extent of other services available to families. That is, where all programs provide vocational counseling and infant care, some apparently go beyond that - having family and educational counseling, and frequent structured activities for parents and other family members. Whether these differences evolved out of the different needs of particular cultural groups, parent populations, local conditions, or were more a function of individual program leadership was not clear.

The differences in the organization of the two types of programs, parent populations, and services led us to pose several basic research questions with respect to infant care families that are parallel to those for infants:

First, is the basic service that the programs deliver perceived as being essentially the same by the participating families? Second, are the services beyond daily infant care essentially similar, and if not, what is the differential effect on family structure and functions? This question bears on the match between family needs and the presence or absence of appropriate program operations, flexibility

and resources. Third, which combinations of program content are most beneficial for most families? Here, content refers to the different combinations of formal and informal ancillary services available to families. And, fourth, are the families who use infant care services similar in socio-economic status and family composition when they enter the group and family programs? This question is perhaps the most critical, for it concerns the equivalence of families - and by extension, their children's experiences - along certain dimensions, e.g., family size, parent's education and life cycle, occupation. If there is a marked difference in initial family characteristics in the two programs then we shall have to adjust for them in analyzing the study data.

A second set of questions was formulated in order to separate the effects of intra-family decisions unrelated to the content and organization of the programs. They were: why do families apply for infant care? Who among the family members participate in the decision to place an infant? How does the parents' decision to seek employment, training or to continue their education affect other family members? And, why do families withdraw from the programs?

A Note on Family Theory

At this point it may be helpful to specify the theory that dictated the selection of instruments for the study of families.

The guiding principles for this component of the research are that every family - no matter what its size or composition - is a miniature social system, rather than a loose aggregate of individuals; that every family has a certain identifiable social structure or organization; that the multiple roles and relationships of family members are mutually reinforcing and complementary; that these roles and relationships are, more or less, related to the attainment of sub-cultural and general societal imperatives, to family system goals, and to individual goals; and finally, that the

family as a system must be viewed in the context of its local community and of the larger urban community in which it exists. All of these principles are consistent with the current structural-functional approach to family research.

One of the important community agencies in New York City is, of course, the infant day care programs. And, having asked the foregoing questions we sought a set of instruments that would measure the functional status of infant care families over time, and the relationship of those families to the programs and to their communities.

Instrumentation

The development of families as a function of their receipt of infant care services is measured with the Profile of Family Functioning. The Profile was developed by Dr. Ludwig Geismar. It is an extension and refinement of the St. Paul Scale of Family Functioning that Dr. Geismar and Beverly Ayres designed with the staff of the Family Centered Project, which operated in St. Paul, Minnesota during the years 1955 to 1959.

On an abstract level the Profile focuses on social functioning in terms of the autonomy and integration of family roles and constituents; and on the viability of the family as a system. In practice the Profile assesses ongoing relations and processes, with a series of open-ended questions, in nine categories of family functioning: Family Relationships and Unity; Individual Behavior and Adjustment; Care and Training of Children; Social Activities; Economic Practices; Health Condition and Practices; Relationship to Program Staff (this was originally, Relationship to Social Worker); and Use of Community Resources. The nine major categories contain a total of twenty four subsections, more specifically related to certain areas of family functioning (e.g., marital relationship, parent-child relationship, relationships among children, family solidarity).

To construct a Profile, parents and other adult family members must be interviewed at home. The family's responses to each category are written in narrative or story form, immediately after the interviews. Then each of the subsections and categories are evaluated, on a seven point scale, by at least two raters. The scale points are defined by a list of behavioral and attitudinal criteria for each category and subsection. Thus, for the time period covered by an interview, it is possible to summarize a family's functional status in numerical form from the information its members supply. When there are at least two interviews the difference between the first and the second summary ratings is a measure of positive, negative, or no "movement" in internal family relations and/or in family connections to external sources. The Profile format and rating system permit us to determine whether functional movement was indeed internally generated; was induced by community pressures, employment or educational problems; problems with an infant care program; or was caused by internal and external factors.

We use two parallel forms of the Profile: One for two-parent families, and another for single parents living alone or with relatives and friends. Supplementary interview questionnaires were designed by the unit staff to determine a family's socio-economic status; the precise reasons why parents apply for infant care services; and - when it occurs - whether a family terminated the service abruptly for personal reasons (e.g., the parent moved to another community; a relative began caring for the child) or because infant care program services failed to match parental needs.

Method

In order to assess a family's developmental processes, and which of them are directly traceable to program services, each family in the longitudinal samples is interviewed - or Profiled - three times: when they enter the programs; three months after they have been receiving the services; if they stop using the service prematurely, or when their children are three years old. These interview data are

called the Entry, Adjustment, and Exit or Final Profiles. The Entry Profile describes the history of the parents and other adults in the family and the social and economic functioning of its members, the month immediately preceding the infant's placement. This profile gives us a baseline measure of all participating longitudinal families, that will permit an accurate demographic, structural and functional description of those who use Family or Group Infant Care.

The Adjustment Profile describes how family members functioned in their roles from the date the child was placed in infant care to the end of the first three months. The purpose of this Profile is to determine what kinds of changes have occurred in the family system and how they have affected the roles and relationships of family members.

Exit Profiles fix a family's functional status at the time that a child is withdrawn from one of the programs. We are particularly interested in the results of this Profile, and especially the reasons why families terminate the services because we knew before the study began that the turnover rate is approximately 30%, but the programs rarely have the personnel or the time to find out whether a family's withdrawal was precipitated by program effects or for other causes.

The Final Profile is done when a longitudinal sample child is thirty-six months old. It is almost identical to the Entry Profile, but covers those events that occurred in the family from the end of the Adjustment period.

The Adjustment Profile is a short-term outcome measure; it will identify what intra-family problems families in the several cultural groups have in adapting to the two types of programs. (We may find, for example, that a given family type or families from a particular cultural group adapt more easily to either Group or Family Care). The Exit Profile may be a short or long term outcome measure, depending upon when and why a family withdraws from a program. The Final Profile is, however, the ultimate long-term outcome measure. It will permit us to assess program effects on

the entire range of family situations.

The At-Home and thirty six month sample families are only given an Entry type profile interview. Here again, these Profiles will contribute to an understanding of the demographic, structural and functional differences, if any, among families who place children at different ages in infant care, and those living in the same communities who do not.

Interviewing

The home interviewing staff is the only direct link between the study and the participating families. In addition to the Profiles, the interviewers collect a great deal of supplementary information that one can only get from the families. Most of the interviewers are bilingual. They are, therefore, able to interview family members who do not speak English well or at all. The interviews are usually conducted in the evenings, on weekends, or on holidays - that is, at the parents' convenience. The families are assured that their responses to the Profile questions and any other information they give will be kept confidential; and we have an elaborate procedure to ensure that no one on the study staff, except the interviewer and the Profile raters (who cannot identify the families), has access to any family information.

Since the fall of 1972, when we began collecting the family data, almost 400 interviews have been completed.